

<i>SERFF Tracking Number:</i>	<i>ELAS-125749290</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Equitable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39763</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>S.08-90 Face Amount Increase Endorsement</i>		
<i>Project Name/Number:</i>	<i>Individual Universal Life/S.08-90</i>		

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: S.08-90 Face Amount Increase SERFF Tr Num: ELAS-125749290 State: ArkansasLH

Endorsement

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39763

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Audrey Arnold, Samra

Disposition Date: 08/04/2008

Mekbeb, Roxanne Persaud,

Sabrena Lallmohamed, Joan

Robertson

Date Submitted: 07/30/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Universal Life

Status of Filing in Domicile: Not Filed

Project Number: S.08-90

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/04/2008

State Status Changed: 08/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

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Product Name:	S.08-90 Face Amount Increase Endorsement		
Project Name/Number:	Individual Universal Life/S.08-90		

Company and Contact

Filing Contact Information

Estella A. Devian, Vice President	estella.devian@axa-financial.com
1290 Avenue of the Americas, 14th Floor	(212) 314-2921 [Phone]
New York, NY 10104	(212) 707-7493[FAX]

Filing Company Information

AXA Equitable Life Insurance Company	CoCode: 62944	State of Domicile: New York
1290 Avenue of the Americas, 14-10	Group Code: 968	Company Type: LIFE Insurance
New York,, NY 10104	Group Name:	State ID Number:
(212) 314-2921 ext. [Phone]	FEIN Number: 13-5570651	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$20.00	07/30/2008	21667521

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/04/2008	08/04/2008

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Disposition

Disposition Date: 08/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Form	Endorsement		Yes

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Form Schedule

Lead Form Number: S.08-90

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	S.08-90	Certificate Amendment, Insert Page, Endorsement or Rider	Endorsement	Initial		50	Face Amount Increase Endorsement for ESLI FINAL.pdf

**Face Amount Increase
Endorsement**

In this endorsement "we", "our" and "us" mean AXA Equitable Life Insurance Company. "You" and "your" mean the owner of the Policy at the time an owner's right is exercised.

This endorsement is effective on the Register Date of this policy. If this endorsement is added after issue of this policy, the effective date of this endorsement is shown on the letter to which it is attached. This endorsement modifies this policy as stated below.

1. The **brief description** on page 1 of this policy is deleted and replaced by the following:

Flexible Premium Universal Life Insurance Policy

This is a flexible premium universal life insurance policy. You can, within limits:

- make premium payments at any time and in any amount; and
- change the face amount of insurance or the death benefit option.

2. In the table of contents on page 2 of this policy, the reference to the provision "Reducing the Face Amount of the Base Policy or Changing the Death Benefit Option" is deleted and replaced by the following:

Changing the Face Amount of the Base Policy or Changing the Death Benefit Option.

3. On page 6 of this policy, the following is the new item 1. in the "**Changing the Face Amount of the Base Policy or Changing the Death Benefit Option**" provision:

You may change the face amount of the base policy or change the death benefit option by written request to us at our Administrative Office, subject to the following conditions:

1. After the first policy year while this policy is in force and the insured person is not more than attained age 85, you may ask us to increase the base policy face amount. Any requested increase must be for at least \$10,000. You must provide evidence satisfactory to us of the insurability of the insured person. We will decline your request if the insured person does not qualify for the increase subject to our underwriting rules then in effect. If you increase the base policy face amount, an additional surrender charge period may apply to that increase; see the "Surrender Charges" provision for more information.

After the second policy year while this policy is in force and the insured person is not more than attained age 99, you may ask us to reduce the base policy face amount but not to less than the minimum base policy face amount shown on Page 3 of this policy. Any such reduction in the face amount may not be less than \$10,000. If you reduce the base policy face amount before the end of any period during which a surrender charge for the initial base policy face amount is applicable as shown in the "Policy Information" section, or within any period during which a surrender charge is applicable following a face amount increase, we will deduct a proportionate amount of any applicable surrender charge from your Policy Account; see the "Surrender Charges" provision for more information.

4. The "**Other Deductions**" provision on page 9 of this policy is deleted and replaced by the following:

Other Deductions. We also make the following other deductions from your Policy Account as they occur:

- We deduct a surrender charge if you give up this policy for its Net Cash Surrender Value or reduce the base policy face amount, provided that such surrender or reduction occurs: (a) before the end of any period during which a surrender charge for the initial base policy face amount is applicable; or (b) within any period during which a surrender charge is applicable following a face amount increase. See the "Surrender Charges" provision for more information.

5. In the "**Surrender Charges**" provision on page 10 of this policy, the second paragraph is deleted and replaced by the following:

We will establish additional surrender charges for any increase in the base policy face amount that represents an increase over the previous highest base policy face amount. The percentage reductions applicable to the surrender charges corresponding to the initial base policy face amount during the first seven policy years that are shown in the original "Policy Information" section will not be applicable to the additional surrender charges corresponding to any face amount

increase. Changes in the base policy face amount resulting from a change in death benefit option will not be considered in computing the previous highest face amount.

If the base policy face amount is reduced before the end of any period during which a surrender charge for the initial base policy face amount is applicable as shown in the "Policy Information" section, we will deduct a proportionate amount of any applicable surrender charge from your Policy Account. If the base policy face amount is reduced within any period during which a surrender charge is applicable following a face amount increase, we will also deduct a proportionate amount of any applicable surrender charge from your Policy Account. Reductions will first be applied against the most recent increase in the base policy face amount. They will then be applied to prior increases in the base policy face amount in the reverse order in which such increases took place, and then to the original base policy face amount.

We will send you a new "Policy Information" section in the event of an increase or a decrease in the base policy face amount. It will become a part of this policy. We may require you to return this policy to our Administrative Office to make a change.

AXA Equitable Life Insurance Company



Christopher M. Condrón, Chairman
and Chief Executive Officer



Karen Field Hazin, Vice President,
Secretary and Associate General Counsel

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	07/28/2008
Comments:	Please see cover letter.		
Bypassed -Name:	Application	Review Status:	07/28/2008
Bypass Reason:	Not applicable to this type of filing.		
Comments:			
Bypassed -Name:	Health - Actuarial Justification	Review Status:	07/28/2008
Bypass Reason:	Not applicable to this type of filing.		
Comments:			
Bypassed -Name:	Outline of Coverage	Review Status:	07/28/2008
Bypass Reason:	Not applicable to this type of filing.		
Comments:			
Satisfied -Name:	Cover Letter	Review Status:	07/30/2008
Comments:	Cover Letter		
Attachment:	AR Cover Letter.pdf		



Estella A. Devian, Vice President
Telephone (212) 314-2921
Facsimile (212) 707-7493
estella.devian@axa-equitable.com

VIA SERFF

July 30, 2008

The Honorable Mike Pickens, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: AXA Equitable Life Insurance Company (AXAEQ)
AXA Equitable's FEIN: 13-5570651
AXA Equitable's NAIC #: 0968-62944
Form S.08-90 – Face Amount Increase Endorsement
SERFF Tracking Number: ELAS-125749290

Dear Commissioner:

We are filing for your approval the above-referenced endorsement. This endorsement is new and will not replace any currently issued form in our portfolio.

The endorsement is for use with our flexible premium universal life insurance policy 07-300 that was approved by your Department on 6/21/07 (State Tracking Number: 36111). The policy currently permits policy owners to, within limits, change the amount and frequency of payments, *reduce* the face amount of insurance, and change the death benefit option. The endorsement will amend the policy to permit policy owners to increase the face amount of insurance after the first policy year. This endorsement will be attached to all issues of the policy form.

We are enclosing a revised Actuarial Basis Memorandum for the policy, which now includes information on face amount increases. This is the only change as compared to the original actuarial memorandum that was submitted for the policy form.

The Flesch readability score for the endorsement is 50.2.

We are forwarding to you today, via EFT (Electronic Fund Transfer), \$20.00 for the filing fee.

We certify that, to the best of my knowledge and belief, we comply with all the requirements of Arkansas Rule and Regulation 34 regarding universal life insurance. We will comply with the requirements of Bulletin 11-83. Any change in cost of insurance rates will be filed with the Commissioner as required by that bulletin.


This is to certify that this submission meets the provisions of Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance. We further certify that we will comply with all applicable requirements of the Department.

We assure the Department that our issue procedures are in full compliance with the requirements set forth in Ark. Code Ann. 23-79-138 and Regulation 40.

We request that the information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and that we be notified prior to any proposed release of this information.

Please call me at (212) 314-2921 or Joan Robertson at (212) 314-5724 if you have any questions or need additional information regarding this filing.

Sincerely,

A handwritten signature in black ink, reading "Estella A. Devian". The signature is written in a cursive, flowing style.

Estella A. Devian
Vice President